

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: SPRING ASSIST KNIFE

Attorney Docket Number:: 022038-000200US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 4

Total Drawing Sheets:: 13

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Eric  
Middle Name::  
Family Name:: Linn  
Name Suffix::  
City of Residence:: El Cajon  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1035 Lemon Avenue  
City of Mailing Address:: El Cajon  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 92020

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Paul  
Middle Name::  
Family Name:: Naranjo  
Name Suffix::  
City of Residence:: Wildomar  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 34200 Shaded Meadow Circle  
City of Mailing Address:: Wildomar  
State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 92595

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Paul

Middle Name::

Family Name:: Kassa

Name Suffix::

City of Residence:: Santee

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: Cecilwood Drive

City of Mailing Address:: Santee

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 92071

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Brandon

Middle Name::

Family Name:: Hatcher

Name Suffix::

City of Residence:: Dallas

State or Province of Residence:: TX

Country of Residence:: US

Street of Mailing Address:: 4657 Amesbury Drive, Apt. 3242

City of Mailing Address:: Dallas

State or Province of mailing address:: TX  
Country of mailing address::  
Postal or Zip Code of mailing address:: 75206

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Designation::	Representative Number::	Representative Name::
Primary	36,492	Thomas E. Coverstone
Associate	44,773	Raymond B. Hom

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An appln claiming benefit under 35 USC 119(e)	60/445,244	February 6, 2003

### **Foreign Priority Information**

Country::	Application number::	Filing Date::
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### **Assignee Information**

Assignee Name::	Buck Knives, Inc.
Street of mailing address::	1900 Weld Boulevard
City of mailing address::	El Cajon
State or Province of mailing address::	CA
Country of mailing address::	USA
Postal or Zip Code of mailing address::	92020